PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

NSTRUCTIONS: This for ppropriate. All further condicated unless corrected maintenance fee notification CURRENT CORRESPONDEN	of maintenance fees will be mailed to the current correspondence address as orrespondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for any other accompanying Fee(s) Transmittal. This certificate cannot be used for any other accompanying must									
Dr. Daniel P. Morris, Esq. IBM Corporation					papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
Intellectual Proper		(Depositor's name)								
P.O. Box 218 Yorktown Heights	<u>.</u> €/ -	6 /					(Signature)			
I OIRIOWII 1141B	AMER -					(Date)				
		STIENT & TRADE	<u> </u>						NEW PARK TONING	
APPLICATION NO.	FILING DATE	1	FIRST NAMED INVENTO	R	1	ATTOF	NEY DOCKET NO.	Co	NFIRMATION NO.	
	08/20/2001		Richard Alan Haight				919980510US2		7338	
TITLE OF INVENTION: METHOD FOR MINIMIZING SAMPLE DAMAGE DURING THE ABLATION OF MATERIAL USING A FOCUSED ULTRASHORT PULSED LASER BEAM										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	Ε	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DU	E	DATE DUE	
nonprovisional	NO	\$1510	\$300	_	\$0		\$1810		10/26/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	_]						
EVANS, GEOFFREY S 3742			219-121690							
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) (B) RESIDENCE: (CITY and STATE OR COUNTRY) (B) RESIDENCE: (CITY and STATE OR COUNTRY) (CITY and STATE OR COUNTRY) (CITY and STATE OR COUNTRY) (D) 0000008 090468 09933461 ARMONK, NEW YORK (CORPORATION Please check the appropriate assignee category or categories (will not be printed on the patent):								8 09933461		
			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0468 (enclose an extra copy of this form).							
5. Change in Entity Sta		ed above) tus. See 37 CFR 1.27. quired) will not be accept tates Patent and Tardema	b. Applicant is no	lon	ger claiming SM/	ALL El	NTITY status. See 3	7 CFR or the a	1.27(g)(2). assignee or other party in	
Authorized Signature	Daniel P	Morris			Date	No	32,053			
This collection of informan application. Confide submitting the complete this form and/or suggest Box 1450, Alexandria.	nation is required by 37 nitiality is governed by ed application form to tions for reducing this lyirginia 22313-1450.	CFR 1.311. The informa 35 U.S.C. 122 and 37 CF he USPTO. Time will va burden, should be sent to DO NOT SEND FEES OI o persons are required to	tion is required to obtain R 1.14. This collection by depending upon the the Chief Information (R COMPLETED FORM respond to a collection of the collection o	n or is es indi Offic AS T	retain a benefit by stimated to take 1 vidual case. Any cer, U.S. Patent ar TO THIS ADDRE aformation unless	y the pu 2 minus comme d Trad SS. SE it displ	ablic which is to file tes to complete, inclints on the amount of emark Office, U.S. ND TO: Commission ays a valid OMB con	(and buding pof time Department for	y the USPTO to process) gathering, preparing, and you require to complete ment of Commerce, P.O. r Patents, P.O. Box 1450, umber.	